



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY IMAGING CENTERS
P O BOX 29490
SAN ANTONIO, TX 78229-0490

Respondent Name

THE TEXAS A&M UNIVERSITY SYSTEM

Carrier's Austin Representative Box

Box # 29

MFDR Tracking Number

M4-12-2272-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: We were given BCBS at time services were rendered. It was not until 10/28/2011 that we received patient's workers compensation information...5/23/2011 We billed Blue Cross Blue Shield. 06/02/2011 We received EOB from BCBS with payment for date of service 05/11/2011...08/03/2011 We received EOB from BCBS with payment for date of service 07/11/2011...09/29/2011 We billed the patient for the co insurance from BCBS. We received a letter from an attorney requesting that we bill the patient's Workers Comp Insurance. We verified the Workers Comp information...11/11/2012 [SIC] We billed Texas A&M University Systems. 11/03/2011 We received an EOB denying our claims based on timely filing.

Amount in Dispute: \$436.80

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The requestor does provide documentation supporting that they initially submitted the bills to Blue Cross Blue Shield of TX. In addition, they attempted to bill the claimant for the deductible and amount not paid by Blue Cross Blue Shield of TX. The claimant provided the bills for medical services to his attorney. On July 26, 2011, the claimant's attorney sent the requestor notification that they have erroneously billed the claimant. The claimant's attorney copied the Texas A&M University Systems via fax as well...The Texas A&M University System also sent a letter, dated 7/26/11, to the requestor

Response Submitted by: N/A

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
05/11/2011 & 07/11/2011	72131, 72100	\$436.80	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 21, 2011

- 29-The time limit for filing has expired.
- 29-Per rule 133.20(b), except as provided in Labor Code §408.0272(b). (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Explanation of benefits dated February 1, 2012

- 29- The time limit for filing has expired.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- 29- Per rule 133.20(b), except as provided in Labor Code §408.0272(b). (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Review of the requestor's documentation finds a copy of a Blue Cross Blue Shield of TX(BCBS) Remittance Notice for disputed dates of service which show payment was received from BCBS on June 2, 2011 and August 3, 2011. The requestor then billed the patient for the co insurance from BCBS. Therefore Texas Labor Code §408.0272 applies to the services in this dispute. Per Texas Labor Code §408.0272 (c) states, "...a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." Further review of the requestor's documentation finds two letters received from the respondent dated, July 26, 2011 and September 26, 2011. The letters inform the requestor that a workers' compensation claim was filed by the injured employee therefore the bills should have been sent to the Respondent. The letter dated July 26, 2011 was stamped as received by the requestor on August 1, 2011. According to the requestor's position statement they billed the respondent for the first time on November 11, 2011.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the requestor's submitted information finds no documentation to support that a medical bill was submitted to the correct insurance carrier within 95 after the date the provider was notified of their erroneous submission. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	04/13/2012 Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.